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SEX AND EXPOSURE TO DEATH AND DYING AS DETERMINANTS TO COPING WITH BEREAVEMENT

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INTRODUCTION

Death is an issue every individual has to confront one time or another. The significance of death in the mental health of an individual becomes apparent when we see how some, touched by death fall apart. It is an issue of concern to every age of our development, from childhood to adulthood. Man that is revered may be an object of fear when death strikes. Some of us cannot even stand the sight of the dead. Children sometimes lose their peers or members of the family, such children may need the mature guidance of adult to understand what has happened. This implies that adults should be able to cope better than children on this issue. Death is a significant and universal family experience.

In this society, the religious, social and cultural dimensions of death are usually emphasized when death strikes while the psychological dimension of death most of the time is over-looked. Religious inspirations are usually offered while the reality of the loss is not fully explored. Some of the bereaved do enjoy the co-operation and sympathy of others as they go through the funeral ceremonies and other rites regarding the disposal of their loved ones, but receive little or no help in planning for concrete alternatives to cope with the loss.

We have seen accidents resulting in death, we have seen people dying around us, some of us have been deeply touched by death yet, the discussion of death, most of the time is avoided by majority of us. We deal with death realistically when we write wills or take life insurance. We also deal with death related issues when we discuss

suicide, capital punishment and euthanasia. Death appears to be an unavoidable issue in every day living. There is the recognition of this life crisis on one hand and the adequate discussion and confrontation of it, on the other. Martinson (1970) asserted that knowledge about a critical event and preparation for it in advance mitigates the hardship and improves the chances of recovery.

Purpose: The purposes of this article are to investigate:

- (1) the interest people have on the issue of death,
- (2) causes usually associated to deaths,
- (3) the preferred mode of death announcement,
- (4) emotional reactions usually displayed and duration of mourning.
- (5) the adjustment patterns usually adopted to confront death.
- (6) the role of sex and previous exposure to death in coping with bereavement.

Rationale: Abundant as the literature on death appears, some of us cannot still confront effectively the issue of death. Most of the Literature available seem to emphasize the religious and social dimensions of death with less emphasis on its psychological implications

Reaction towards death also appear to vary from time to time, ranging from evidence of no grief to the need for medical assistance during the early stages of recovery. This implies that some factors seem to influence our emotional reaction to death. It is assumed that understanding such factors, could assist us in relating better to the bereaved at the feeling level. Furthermore, the frank acknowledgement of death rather than its denial can improve the mental health of the individual.

LITERATURE REVIEW

Death related issues appear to have attracted the attention of scholars since the history of man. Every culture seems to have explanations for death and what happens after death, while each society has its own beliefs, myths and folk tales about death.

The issue of death has been confronted in songs, some aspects of language arts deal with death and this topic appears to be a familiar theme in Literature and fictions. Among the studies on death are those of Freud (1915), Kubler - Ross (1975), Somerville (1971), Starford (1977), Jones (1977), Reisler (1977), Insel (1976), Onu (1980) and Osundare (1981).

METHODOLOGY

Data for this article was generated from the responses to a questionnaire designed by the writer. The respondents were students enrolled in institutions at Ibadan. The respondents were all adults, there were 184 males and 152 females. The responses were separated into sexes and into two professional categories after the initial evaluation of responses for the whole group:

- (a) Those closely associated to death and dying in terms of contact, such as student nurses, student midwives and health superintendents and
- (b) Those not closely associated with death and dying in terms of contact, such as class room teachers. The respondents had been in this employment at least for five years.

The assumption here is that professionals in category (a) were likely to be exposed more to death and dying because of their work-environment. The responses were analyzed for statistical difference, using the chi-square.

DATA PRESENTATION AND ANALYSIS

The data in Table 1, reveal the emotional reactions of subjects to death according to the professional categories identified. About one-fifth of the respondents, not closely associated with death and dying, remained calm when the news of death of a loved one was broken to them. On the contrary, a larger proportion (about four-fifth) of the respondents whose profession bring them into more contact with the death and dying remained calm all the time when the news of death of a loved one was broken to them. Both professional groups, almost equally expressed the emotional

feelings of bursting into tears later after the initial calmness displayed. None in the profession closely associated with death and dying experienced shock and none in both professional categories went wild and hysterical. The difference in emotional expression of the subjects in relation to professional category was statistically significant at .05 level of confidence. Considering each emotional expression in the two professional categories, there was statistical significance difference in:

- (a) calm all the time and
- (b) going into shock and there was no statistical significant difference in;
- (c) calm initially and tears later and
- (d) tears immediately

About the same emotional expression shown in the second category (calm initially but tears later) and the third category (tears immediately) seem to suggest that prior exposure to death and dying may not affect significantly the expression of these particular emotions. However, a higher percentage of subjects closely associated with death and dying, remained calm all the time. This seems to support the assertion that even though man may not be totally devoid of emotions, exposure to similar situations may equip one with skills to handle future occurrences.

TABLE 1

Emotional Reaction in Relation to Profession

| Emotional Expression | Professional Category | | |
|--------------------------------|---|---|----------|
| | Closely Associated with Death and Dying | Not Closely Associated with Death and Dying | Sum |
| <i>Calm all the time</i> | *54(35.4) 81.8 | 12 (30.6) 18.2 | 66 19.6 |
| Calm initially but tears later | 66 (73.9) 47.8 | 72 (64.1) 52.2 | 138 41.1 |
| Tears immediately | 60 (64.3) 50 | 60 (55.7) 50 | 120 35.7 |
| Went into shock | 0 (6.4) 0 | 12 (5.6) 100 | 12 3.5 |
| Sum | 180 | 156 | 336 |

Obtained $X^2 = 37.21$, Significant at .05 level
 $df = 3$, $X^2 .05 = 7.82$.

Note *The first set of numerical values indicate the observed cell frequencies. Numerical values in parenthesis indicate the expected cell frequencies. The third set of numerical values indicate the percentage of subjects responding. The same pattern is followed in Table 2.

The data in Table 2 reveal the emotional reactions of subjects in relation to sex. Whereas about one fifth of the responding subjects remained calm all the time, most of the respondents in these category were males. Higher percentages of the male respondents also remained calm initially and burst into tears later. Higher percentages of the female subjects compared to the male subjects burst into tears immediately, or went into shock. Neither of the sexes went wild and hysterical.

The difference in emotional expression between the sexes was statistically significant at .05 level of confidence.

TABLE 2

Emotional Reaction in Relation to Sex

| Emotional Reaction | SEX | | |
|--------------------------------|----------------|----------------|----------|
| | Male | Female | Sum |
| Calm all the time | 48 (36.1) 72.2 | 18 (29.9) 27.3 | 66 19.6 |
| Calm initially but tears later | 84 (75.6) 60.9 | 54 (64.2) 39.1 | 138 41.1 |
| Tears immediately | 48 (65.7) 40 | 72 (54.3) 60 | 120 35.7 |
| Went into shock | 4 (6.6) 33.3 | 8 (5.4) 66.7 | 12 3.5 |
| Sum | 184 | 152 | 336 |

Obtained $X^2 = 23.40$, Significant at .05 level.

df = 3, $X^2 .05 = 7.82$

FINDINGS AND DISCUSSION

Interest: In response to the interest the subjects showed to this topic, about half of the respondents (55%) felt frightened at the mention of death compared to about 22% of the subjects, who showed no reaction. Death thus appears to be a dreaded topic to a substantial number of the subjects. About 14% of the subjects showed no interest in the topic. The response in this area, also seem to suggest that people generally think about death even though they may not be able to deal with it. The implication of this is that there is need for death education and opportunities to discuss death in a non-threatening atmosphere.

Causes Associated to Death: About 23 percent of the respondents associate death, to the evil doing of someone in the society, an impression which was shared more, among the professionals not

closely associated with death and the dying. Seventy-three percent of the professionals associated with death and dying suggested "The will of God" being the cause(s) of death compared to 27% of the other professional group, expressing this view.

Also, more of the professional group (62%) associated with death and dying suggested natural causes for death compared to 38% of the group not closely associated to death and dying. The belief system of an individual may also affect his conception and cause associated to death in general. The suggestions of natural causes and the will of God (which may be considered as more healthy explanations) as being causes of death shared by those closely associated with death and dying, seem to suggest that exposure to the issue of death, could lead to more healthy attitudes. The suggestion of "the will of God" by this group may also be attributed to the occurrence of death, even when the best of care is made available to the dying.

Preferred Mode of Death Announcement: The mode of death announcement may depend on a number of factors, such as the age of the deceased, status of the deceased in the society, the relationship of the deceased to the survivors and perhaps the cause of the death itself. In this study, the subjects most of time, would prefer an elderly person breaking the news of the loss of a dear one to them. Eighteen percent of the subjects, however, would want to confront the news themselves. Sixteen percent of the subjects preferred close friends breaking the news of death to them while 12% of the subjects preferred group of associates. The preferred mode of death announcement however, does not indicate the extent to which the subjects, were supported emotionally. Generally, such news are broken in this society, usually by a group. The group effect, undoubtedly has its own advantages.

Emotional Reaction and duration of mourning

The circumstances under which death has occurred and the relationship of the deceased to the survivor may not only affect the mode of death announcement but may as well affect, the emotional reaction displayed and the duration of mourning. The respondents

felt more deeply touched when the deceased is younger. Arranged in hierarchy, the extent of grief experienced by subjects when death of the following occurred is as follows: son, daughter, spouse, mother, father, nephew, niece, cousin, close-friend, uncle, colleague, grandmother, neighbour, grandfather, acquaintance and hero. (That is, the death of son is the most painful and that of a hero the least painful). The responses of the subjects further suggested that the death of a male appeared more painful compared to female when the deceased is young but the reverse occurs at old age as the respondents felt more grief with the death of (a) mothers (females) compared to father (males), (b) grand mothers (females) compared to grandfathers (males). One would expect the death of a relation to generate more grief compared to the death of a close friend, colleague or neighbour. However, in this study, it appears the death of a close friend and colleague generated more grief in the subjects compared to the death of a grand mother or grand father. Perhaps age played a significant role in these responses. Close friends and associates were likely to be of the same age-group with the responding subjects as opposed to the older grand-mothers and grandfathers. Death of older people seem to be accepted with gratitude to God, as opposed to the deep sorrow expressed in deaths of younger people.

The emotional reactions displayed to death by the female subjects were more immediate compared to the male subjects who reacted calmly initially. The urge to be manly usually encouraged in the males appears, to have manifested in this instance. Getting over the loss of a dear one appeared to be of concern to the subjects, as 38% of the subjects felt it would take a very long time to get over such a loss. Thirty-two percent of the subjects will get over the loss after some time while 29% can't get over the loss. These findings seem to stress the need for death education and counselling so that the bereaved can be better aided in his or her psychological adjustment.

Adjustment Patterns: In adjusting to the loss of a loved one, about 56% of the subjects would want to face reality about the loss. About 38% of the respondents would want to adjust through prayer while 5% would seek emotional support from others. In the evaluation of

the support system the subjects usually found helpful in adjustment; about 41% turn to family members. The respondents found other support systems helpful in this order: religious leader, friends and peers, self and elderly persons in the community. The percentages were about 18%, 16%, 12% and 11% respectively. About 2% of the respondents appeared unable to adjust. Even though elderly persons were favoured in breaking the news of the dead to the subjects, family members, on the other hand were found to be more helpful in their adjustment in terms of emotional support.

COPING WITH DEATH

It is common knowledge that death is not an issue that concerns only adults, children will have to deal with issue as well. A number of studies Birtchnell (1970) and Brown (1960) have indicated that the death of either parent during early years is often related to later psychological problems and that in many cases adult depression may be traced to the person's childhood experience of the death of a parent. Many parents also seem to find the topic of death even more difficult to discuss with their children than sex. If as adults we cannot effectively confront death, it may be difficult for the adults to help children adjust to it. Children will need sufficient information on this topic to encourage dialogue and to dispel misinformation. One could begin the exploration of the attitude to death, in children by observing how they react to loss of belongings, pets, other valuables and loss of lives around them. The children's conception of ghosts and apparition and how they react to loss in the family or of their peers, will reveal the extent to which they can cope with death.

In moments of pain or grief, one needs a support system to cope with the feelings and emotions experienced. The support system to deal with death related issues effectively in the society needs to go beyond merely providing temporary "relief measures", but should include efforts to make the bereaved live an effective life after. In counselling the bereaved, the helper in the first instance, needs to be able to come to terms with his or her own feelings about death before attempting to help others.

There are two basic alternatives to open expression of genuine grief (the Choice-awareness theory): That is (1) grief may be internalized or (2) that sadness may be externalized. When the grief is internalized, the individual becomes miserable, blames self, or feels sorry about self, because the grief is unexpressed, or inadequately expressed. Externalized sadness on the other hand, may be observed, when the individual verbally lashes out at others and there could be expression of hostility towards others. Professionals connected with the treatment of the deceased may sometimes discover that they are the target of hostility. Some of the survivors of the bereaved may feel that the best attention was not provided or that more could have been done to prevent death even when it appears that all that was possible had been done. There is the agreement among the mental health practitioners that the individual needs to express sadness directly and adequately, there should be the expression of grief, whenever it is felt as grief must have an outlet.

The bereaved sometimes may find out that after the initial rush of sympathetic expressions which our society readily offers, there seem to be a period of watching and waiting, that the bereaved will sort things out. In some cases after the initial concern displayed by many, the bereaved may observe the number of his or her visitors decreasing. The bereaved may also discover that his or her own contacts with others in the society decreases. A sense of isolation may be experienced. The bereaved may need to confront his boredom and loneliness by getting engaged in meaningful activities. To effectively cope with death, facing reality about the loss is important. Even though the adage "time heals all wounds" may be widely accepted, what is done over time, may mean some difference. The use of euphemisms (expressions to shield oneself and others from the reality of death) such as "was translated", "resting in eternity", "passed away", are phrases used, to avoid the realistic language about death. The need to use straight forward terminologies is more important especially with children, as children may not understand such languages, and may even get more confused with euphemisms.

Nelson and Peterson (1975) remarked that euphemisms about death may even be useless for adults but for young ones, the confusion euphemisms creates, make them totally unacceptable. Parents and significant adults, help in reducing the mystery children have about death when adequate explanations are provided, thus avoiding internalized fear and dread.

The individual may learn to cope with death, as demonstrated, partly in this study when he or she is exposed to stimulus activities related to death. Other activities recognized as been helpful in coping with death include:

- (1) Attending funeral service of others,
- (2) Death role — playing,
- (3) Undergoing a guided recall of grief
- (4) Undergoing a death fantasy
- (5) Writing and discussing ones epitaph, obituary, and eulogy.

It is possible to help the bereaved cope with death, by keeping in touch with them. The bereaved need to be close to others. Most people are usually not sure of what to say to the bereaved, it may be noted, however, that what is said usually, may not be important but it is important that the reality of death is acknowledged in the discussion. By our listening to the fears and concerns* expressed towards the deceased we may begin to understanding the needs of the bereaved. This may give us possible clues as to where and how we can give our help. Physical contact can be helped in times of deep and painful feelings. Every bereaved, may need to accept the pain, sorrow, loneliness that usually accompany death, as part of the cycle of adjustment.

It appears that the issue of death, is something that confronts us in everyday living. Parents may need to deal with the issue of death at home, the teacher may find himself in a position of deal with the death of a peer with other students in the school, an individual may discover himself dying. Understanding the reality of death, exploring the mystery of it and the awareness of the inevitability of it may be valuable resources to cope with death, which contributes to the mental health of the individual.

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